To	(Address) of Dolivery Service	(Payee)	count No	(State)	QUANTITY	UNIT	The COPY (Cleby OF Y AMOUNT	
No. and Date of Order	(Address) of Dolivery Service	(Payee's Ac (Payee) (CARTICLI Enter description, item means schedule, and other incount Terms	ity)	(State)			DPS-COPY	OF V	
No. and Date of Order	(Address) of Dolivery Service	(Payee) (C ARTICLI Enter description, item misschedule, and other incount Terms	ity)	(State)	QUANTITY		PRICE		
No. and Date of Order or	(Address) of Delivery Service	(Payee) (C ARTICLI Enter description, item m schedule, and other is count Terms	ity)		QUANTITY				
Order or	of Delivery Service	ARTICLI Enter description, item m schedule, and other is count Terms	C OD CEDVICES		QUANTITY				
Order or	of Delivery Service	ARTICLI Enter description, item m schedule, and other is count Terms	C OD CEDVICES	r Federal supply necessary)	QUANTITY				r
Order or		count Terms	nformation deemed	necessary)		Cost	Per	Dollars	
AVMFNT:		Cost			1				Cts.
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AVMENT									
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Complete							ļ		
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Final 🗌			tion sheet(s) if neces	sary overnment B/L No		1	Total	(7,945	5 44
nipped from	to	Weight		(P	ayee must NC	T use this		\1,2\	
certify that the above	bill is correct and	l just and that payment he	s not been received.	Differ	ences				-
STATOTHR	(5	Sign orlginal only)							-
-/02/50									
Date 7/23/58	*Pavee	ficate not required when a like certifica	te is made by payes on attach	ed bill or bilis) Ar	nount verified	correct fo	or	(7,94	54
Per		Title		(s	ignature or ini				
Contract No. A-10	1/	Date	Reg. No.		Date		Invoice Rec	d.	
ursuant to authority vo	ested in me, I cer	tify that this account is co	rrect and proper for	payment.					
Approved for \$					(Author	ized Certif	ying Officer)		·
			SIGN ORIGINAL	Title					
Зу	• #= = = # #= .		ONLY						
Fitle				Date					
ТН	REVERSE OF THIS P	ORM MUST BE EXECUTED WHEN	PURCHASES ARE MADE O	R SERVICES SECURED W	ITHOUT WRITTEN	AGREEMEN	I IN ANT FORM		
	ACCOUNTI	NG CLASSIFICATION (A	ppropriation Symb	ol must be shown;	other classific	ation opti	onal)		